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TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/700,927
Filing Date	11/04/2003
First Named Inventor	Toshifumi Kamiya, et al.
Art Unit	3753
Examiner Name	John K. Ford
Attorney Docket Number	4041J-000803

ENCLOSURES (check all that apply)							
Fee Transmittal Form	☐ Drawing(s		After Allowance Commi Technology Center (TC				
⊠ Fee Attached	Licensing-	related Papers	Appeal Communication Appeals and Interference				
Amendment / Reply	Petition		Appeal Communication (Appeal Notice, Brief, Re				
After Final		Convert to a Application	Proprietary Information				
Affidavits/declaration(s)	_ <u> </u>	Attorney, Revocation f Correspondence Address	Status Letter				
	Terminal [Disclaimer	Other Enclosure(s) (please identify below):				
Express Abandonment Reques			Return Receipt Postcard				
Information Disclosure Stateme		er of CD(s)					
Certified Copy of Priority Document(s)	Remarks	Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.					
Response to Missing Parts/ Incomplete Application		7.0004111.700.00 07.00.					
Response to Missing Parts under 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name Harness, Dickey & Pierce, P.L.C.		Attorney Name Michael J. Schmidt	Reg. No. 34,007				
Signature	Signature 1						
Date July 21, 2006	,						

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	Medan	Date	July 21, 2006

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DE	Fees pursuant to the Consolidated Appro	priations Act. 2005 (H.R. 4818).	Complete if Known		
01 E		, , , ,	Application Number	10/700,927	
	S LEE LIVAINS	SWILLAL	Filing Date	11/04/2003	_
1111 # 14	🌃 ಕ್ಷ for FY 2	2006	First Named Inventor	Toshifumi Kamiya, et al.	
% .	Applicant claims small entity st	Applicant claims small entity status. See 37 CFR 1.27		John K. Ford	
9 TRADE			Art Unit	3753	
	TOTAL AMOUNT OF PAYMENT	(\$) 120	Attorney Docket No.	4041J-000803	
	METHOD OF PAYMENT (check	all that apply)			
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METHOD OF PAYMENT (check all that apply)								
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :								
Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, PLC								
For the above-id	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fe	e(s) indicate	d below			Charge fee(s) indica	ated below, except	t for the filing fee	
⊠ Charge ar	ny additional	fee(s) or un	derpayments o	f fee(s)	Credit any overpayr	ments		
	CFR 1.16 ar	nd 1.17					adit oard	
information and authorizatio			ic. Credit card ii	iormation should	not be included on ti	iis form. Provide cre	on caru	
FEE CALCULATION	-							
1. BASIC FILING, SEA	ARCH, AND	EXAMIN	ATION FEES				-	
	FILING F			ARCH FEES		NATION FEES		
Application Type	Fee (\$)	Small Enti Fee(\$)		Small e(\$) Fee		Small Entity Fee(\$)	Fees Paid (\$)	
Utility	300	150	<u>re</u> .		<u>191 – 199(3)</u> 200	100	rees Palu (\$)	
Design	200	100	100		130	65		
Plant	200	100	300		160	80		
Reissue	300	150	500		600	300		
Provisional	200	100	(0	0		
2. EXCESS CLAIM FE	ES						Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (in-						50	25	
Each independent claim		luding Reis	sues)			200 360	100 180	
Multiple dependent cla Total Claims	ums Extra C	laims	Fee(\$)	Fee Paid (\$	3)	• • • •	Dependent Claims	
-20 or HP		X	=======================================		4	Fee (\$)		
HP = highest number of	total claims pa	id for, if great	er than 20.					
Indep. Claims	Extra C	laims	Fee(\$)	Fee Paid (\$	5)			
3 or HP=	= <u>0</u>	х		<u>0</u>				
HP = highest number of	independent o	laims paid for	r, if greater than 3					
3. APPLICATION SIZE								
If the specification and d							150	
	listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sh				50 or fraction the	reof <u>Fee (\$)</u>	Fee Paid (\$)	
	= <u>0</u>	/ 50 =	<u>0</u> (rot	ind up to a wh	ole number) x		= <u>0</u>	
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Spe			-	-				
Other (e.g., late filing surcharge): One Month Extension of Time							<u>120</u>	

SUBMITTED BY	1/				
Signature	Mehrel	Registration No. (Attorney/Agent)	34,007	Telephone	(248) 641-1600
Name (Print/Type)	Michael Schmidt			Date	July 21, 2006

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